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FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
		BUREAU OF VITAL STATISTICS	State Index No. <u>532</u>
County <u>Apache</u>	District _____	County Registered No. <u>78</u>	
Town <u>Eagar</u>	Or City _____	Local Registrar's No. <u>1</u>	
No. _____		St. _____	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Walden Earl Udall</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>M.</u>	Color or Race White <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>	
DATE OF BIRTH <u>Jan 23 1915</u> (Month) (Day) (Year)			
AGE <u>28</u> yrs. mos. days hrs., or min.		If less than 1 day _____	
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) _____			
BIRTHPLACE (State or country) <u>Ariz</u>			
PARENTS	NAME OF FATHER <u>Henry G. Udall</u>		
	BIRTHPLACE OF FATHER (State or country) <u>Ariz</u>		
	MAIDEN NAME OF MOTHER <u>Dorinda J. Love</u>		
	BIRTHPLACE OF MOTHER (State or country) <u>Ariz</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>Henry G. Udall</u>			
(Address) <u>Eagar Ariz</u>			
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL	
UNDERTAKER		ADDRESS	
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>Feb 19 1915</u> (Month) (Day) (Year)			
I hereby certify, that I attended deceased from _____ to _____; that I last saw him/her alive on _____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Grippe &amp; Pneumonia</u> <u>2 or 3 days</u> (Duration) _____ yrs. _____ mos. _____ days			
Was disease contracted in Arizona? <input checked="" type="checkbox"/>			
If not, where? _____			
CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days			
(Signed) _____ _____ 1915 (Address) _____			
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.			
Former or Usual Residence _____			
Filed <u>Mar 5 1916</u> - <u>E. G. Udall</u> Local Registrar			
Filed _____ 1915 - <u>J. P. Boulden</u> County Registrar			